Town of Union Request for Birth Certificate

Name	on birth record:					
Date of	f Birth:					
How n	nany copies?					
Applic	ant Name:					
	ant Address:					
пррпс						
Indicat	e your relationship to the person whose record y	ou have r	equ	ested:		
	□ Self			Guardian		
	☐ Spouse		П	Descendant		
	☐ Registered Domestic Partner			Attorney of person on record		
				•		
	Parent	_		Genealogist ID #		
By my	signature below, I swear/affirm that the informa	ition abov	e is	true and correct.		
Applic	ant Signature:					
To down	2a Data.					
Today	's Date:					
	\$15 for 1 st copy, \$6 for	each addi	tion	al copy		
	Below line is for C	lerk's use o	only			
Proof of	f identity of applicant: Applicant must prov	ida ana af t	hasa			
	Driver's License			vernment issued picture I.D.		
	Passport	٦	00	Potential Inches		
	OR two of	these:				
	Utility bills		Soc	cial Security Card		
	Bank statements		DD	214		
	Vehicle registration		Но	spital; birth worksheet		
	Income tax return		Lic	ense/rental agreement		
	Personal Check w/ address		Pay	stub		
	A previously issued vital record		W-	2		
	Letter from government agency requesting record		Vo	ter Registration card		
	(DHHS, WIC)		Dis	ability award from SSA		
	Department of Corrections I.D. card		Oth	er		
	Establishing eligibility	to acquire	reco	rd:		
	Related applicants must provide proof of lineage.					
	Domestic Partners must provide proof of registration of domestic partnership					
	Attorneys must provide a signed, notarized release from family					
	Genealogists must provide a state-issued card					
	Do not retain copies of proof pro					
		Clerk'	s in	เนลเ		

Town of Union Request for Death Certificate

me of decedent:						
f Death:						
nany copies?		_				
ant Name:						
						
e your relationship to the person whose record	d vou have i	requested:				
	a you navo i	☐ Attorney of person on record				
•		· -				
_		Genealogist ID #				
☐ Parent		☐ Funeral Home				
☐ Guardian		☐ None of the above (short form will				
☐ Descendant		be issued)				
signature below, I swear/affirm that the infort	mation abov	ve is true and correct.				
ant Signature:						
s Date:						
\$15 for 1 st copy, \$6 for	or each addi	itional copy				
		.,				
Below line is for	r Clerk's use o	only				
identity of applicant:						
<u>Applicant must pr</u>	rovide one of t	these:				
Driver's License		Government issued picture I.D.				
Passport						
	of these:					
		Social Security Card				
Bank statements		DD 214				
-		Hospital; birth worksheet				
		License/rental agreement				
	_	Pay stub				
		W-2				
	_	Voter Registration card				
	_	Disability award from SSA				
		Other				
	ny to acquire	recoru:				
	of domestic pa	rtnershin				
		y specific numbers				
	ant Name: ant Address: e your relationship to the person whose record Spouse Registered Domestic Partner Parent Guardian Descendant signature below, I swear/affirm that the informant Signature: \$15 for 1 st copy, \$6 for Below line is for Identity of applicant: Applicant must put Driver's License Passport OR two Utility bills Bank statements Vehicle registration Income tax return Personal Check w/ address A previously issued vital record Letter from government agency requesting record (DHHS, WIC) Department of Corrections I.D. card Establishing eligibil Related applicants must provide proof of registration of	ant Name: ant Address: e your relationship to the person whose record you have respectively and Address: e your relationship to the person whose record you have respectively and Address: e your relationship to the person whose record you have respectively and Address: Spouse				

Clerk's Initial_____

Town of Union Request for Marriage License

Full M	aiden Name of Bride:		_							
Full Na	ame of Groom:		_							
	f Marriage:									
	nany copies?									
	ant Name:									
• •			_							
Applic	ant Address:									
Indicat	e your Relationship to the person on requested i	record belo	ow:							
	☐ Self/Spouse			Descendant						
	☐ Parent			Attorney of person on record						
			_	_						
	☐ Guardian			Genealogist ID #						
Applic	ant Signature:		-							
Today'	s Date:									
	\$15 for 1 st copy, \$6 for	each addi	tion	al copy						
	Below line is for C	Clerk's use o	nly							
Proof of	identity of applicant:									
П	Applicant must provi			<u>:</u> vernment issued picture I.D.						
	Passport	J	GU	veriment issued picture 1.D.						
	OR two of these:									
	Utility bills		Soc	cial Security Card						
	Bank statements		DD	214						
	Vehicle registration		Ho	spital; birth worksheet						
	Income tax return		Lic	ense/rental agreement						
	Personal Check w/ address		Pay	stub						
	A previously issued vital record		W-	2						
	Letter from government agency requesting record		Vo	ter Registration card						
	(DHHS, WIC)		Dis	ability award from SSA						
	Department of Corrections I.D. card		Oth	er						
	Establishing eligibility	to acquire	reco	rd:						
	Related applicants must provide proof of lineage.									
	Domestic Partners must provide proof of registration of domestic partnership									
	Attorneys must provide a signed, notarized release from family									
	Genealogists must provide a state-issued card									
	Do not retain copies of proof pro	ovided or note any	specif	nc numbers						

Clerk's Initial_____